

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027651

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170Primary Registration District No. 2023Registrar's No. 147

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LebanonLength of stay in lb
1 weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 785 West Fourth StreetInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Camdenc. CITY
OR TOWN MontrealInside Limits
Yes ☐ No ☒d. STREET ADDRESS
Rural RouteReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EulaH.Fullbright4. DATE
OF DEATH

Month

Day

Year

July 31, 1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/14/1876

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
housewife-school teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Laclede County, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Harrison

13b. MOTHER'S MAIDEN NAME

Sue L. McKinney

14. NAME OF HUSBAND OR WIFE

Samuel Fullbright

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Theodore Anderson Montreal, Missouri18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident, hemorrhageINTERVAL BETWEEN
ONSET AND DEATH1 hr.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive vascular disease10-15 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to death
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Walton Hedges Camden, Missouri7-31-1962Hella L. May

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/590535015034 15 267 08 09331X101112 90-013 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Hedger
Licensed Embalmer No. 4265

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 11-1968 W.S.B.